

<b>Case Number:</b>	CM15-0204482		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	07/01/2003
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury on 7-1-03. Documentation indicated that the injured worker was receiving treatment for chronic low back pain and major depressive disorder. Previous treatment included lumbar fusion, psychotherapy and medications. In a psychotherapy PR-2 dated 7-17-15, the injured worker reported that he had been told that he needed lumbar disc replacement. The injured worker was "very leery and anxious" about another surgery. The physician noted that the injured worker was having "more" obsessive-compulsive type checking anxiety responses. Objective findings were documented as "mood continues to improve". The injured worker had completed 13 out of 20 psychotherapy sessions. The injured worker was awaiting authorization to see a psychiatrist. In a psychotherapy PR-2 dated 8-29-15, the physician noted that the injured worker continued to have frequent crying spells "without apparent provocation" and that the injured worker's pain level was "quite high". The injured worker was very concerned and uncertain about recommendations for back surgery. The injured worker had undergone a trial of Zoloft which was "not effective". Objective findings were documented as "mood depressed, tearful". The injured worker had undergone 18 sessions of psychotherapy. The treatment plan included requesting authorization for 10 psychotherapy visits. On 10-16-15, Utilization Review modified a request for 10 psychotherapy visits to 6 psychotherapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

## **10 psychotherapy visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Cognitive therapy for depression and Other Medical Treatment Guidelines ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents on 09/30/15 with "sleep problems" and low motivation secondary to depression. The patient's date of injury is 07/01/03. The request is for 10 psychotherapy visits. The RFA is dated 09/30/15. Progress note 09/30/15 objective findings note that the patient's mood remains depressed. No comprehensive examination is provided. The patient is currently prescribed Lexapro and Ativan. Patient's current work status is not provided. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Official Disability Guidelines, Mental Illness and Stress Chapter, under Cognitive therapy for depression has the following: Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate) in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In regard to the request for 10 additional visits with a mental health specialist/psychotherapist, the provider has not included adequate documentation of improvements attributed to prior treatments. This patient presents with chronic depression secondary to pain and disability, and has undergone at least 20 sessions of psychotherapy to date, per progress note dated 09/30/15. ODG supports 13-20 visits with a mental health provider for complaints of this nature, though indicates that evidence of progress is required to substantiate additional visits. A careful review of the records provided does indicate that this patient has made some progress during his psychiatric treatments (namely his ability to engage in pain- distractions techniques), though improvements to motivation and mood are difficult to quantify. Utilization review modified this request to allow for 6 treatments, leaving open the possibility of additional sessions if improvement is demonstrated - which was an appropriate determination. The current request for 10 sessions in addition to the 20 already completed is excessive and cannot be substantiated. Therefore, the request is not medically necessary.